## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHDE030396 US

| As a below named inventor, I hereby declare that:   |   |  |   |  |  |  |
|---|---|--|---|--|--|--|
| My residence, post office addres  | s and citizenship are as stated   | d next to my name.   |   |  |  |  |
| ntural names are listed below) of   | f the subject matter which is cl<br>TION AND TOPIC ANN  | ame is listed below) or an original, first<br>aimed and for which a patent is sough<br>OTATION FOR DOCUMENT S  | it on the invention   |  |  |  |
| is attached hereto.   |   |  |   |  |  |  |
| was filed as United States ap   | plication   |  |   |  |  |  |
| Serial No   |   |  |   |  |  |  |
| on  |   |  |   |  |  |  |
| and was amended   |   |  |   |  |  |  |
| on  |   |  |   |  |  |  |
|   |   |  |   |  |  |  |
| and was amended under PCT A   | article 19  |  |   |  |  |  |
| on (if applicable).   |   |  |   |  |  |  |
| I acknowledge the duty to discleritle 37, Code of Federal Regularities and Code of Federal Regularities and Code of Americal Listed below any PCT international application | endment referred to above.  see information which is mater ations, § 1.56.  enefits under Title 35, United S y PCT international application and have identified below any on(s) designating at least one | nts of the above-identified specification rial to the examination of this application States Code, § 119 of any foreign application (s) designating at least one country of foreign application(s) for patent or invocuntry other than the United States of the application(s) of which priority is contraction. | on in accordance with lication(s) for patent ther than the United entor's certificate or of America filed by me |  |  |  |
| PRIOR FOREIGN/PCT APPLIC  | CATION(S) AND ANY PRIORI  | TY CLAIMS UNDER 35 U.S.C. 119:   |   |  |  |  |
| COUNTRY   | APPLICATION NUMBER  | DATE OF FILING<br>DAY, MONTH, YEAR   | PRIORITY<br>CLAIMED UNDER<br>35 USC 119   |  |  |  |
| Europe  | 03 104 315.1  | 21 November 2003   | YES   |  |  |  |
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| Com                         | bined Declaration   | n For Patent Applic  | ation and Pov                             | ver of Attorney (Continue   | ed)                                 | Attorneys Docket Number  |  |
|-----------------------------|---|--|---|---|-------------------------------------|--|--|
|                             |   | T International Applicati  |   |   |                                     | PHDE030396 US  |  |
| all bus                     | Siness in the Patent  | EY: As a named inventor<br>and Trademark Office co                     | r, I hereby appoint<br>onnected therewith | t the following attorney(s) and/o<br>h. (List name and registration r | or agent(s) to pr<br>number)        | osecute this application and transact  |  |
| Jack                        | E. Haken, Reg.  | No. 26,902   |   |   | Direct Teleph                       |  |  |
|                             | ael E. Marion, R  |  |   |   | (914)332-0                          | ephone number)   |  |
| Edw                         | ard M. Blocker, I<br>Full NAME OF   | Reg. No. 30,245  |   | FIRST GIVEN NAME  | (0.1,002.0                          | SECOND GIVEN NAME  |  |
|                             | INVENTOR  | PETERS   |   | Jochen  |                                     | SECOND GIVEN NAME  |  |
| 201                         | RESIDENCE &   | CITY   |   | STATE OR FOREIGN COUNTRY  |                                     | COUNTRY OF CITIZENSHIP   |  |
| 201                         | CITIZENSHIP Aachen  |  |   | Germany   |                                     | Germany  |  |
|                             | POST OFFICE   |  |   | CITY  |                                     | STATE & ZIP CODE/COUNTRY   |  |
|                             | ADDRESS   | Altstraße 54   |   | 52066 Aachen  |                                     | Germany  |  |
|                             | FULL NAME OF INVENTOR   | FAMILY NAME MEYER  |   | FIRST GIVEN NAME  Carsten   |                                     | SECOND GIVEN NAME  |  |
| 202                         | RESIDENCE & CITIZENSHIP   | CITY   |   | STATE OR FOREIGN COU  | NTRY                                | COUNTRY OF CITIZENSHIP   |  |
|                             | POST OFFICE   | Aachen POST OFFICE ADDR  |   | Germany   |                                     | Germany STATE & ZIP CODE/COUNTRY   |  |
|                             | ADDRESS   | Eckenberger  |   | 52066 Aachen  |                                     | Germany  |  |
| <del>-</del>                | FULL NAME OF  | FAMILY NAME  | oti ane o                                 | FIRST GIVEN NAME  |                                     | SECOND GIVEN NAME  |  |
|                             | INVENTOR  | KLAKOW   |   | Dietrich  |                                     |  |  |
| 203                         | RESIDENCE & CITY CITIZENSHIP Saarbrücken                                  |  | STATE OR FOREIGN COUNTRY                  |   | NTRY                                | COUNTRY OF CITIZENSHIP   |  |
|                             |   |  | Germany                                   |   |                                     | Germany  |  |
|                             | POST OFFICE<br>ADDRESS  | POST OFFICE ADDRESS  |   | CITY  |                                     | STATE & ZIP CODE/COUNTRY   |  |
|                             | ADDRESS   | Franz-Schube   | ert-Straße                                | 66125 Saarbrücke  | en                                  | Germany  |  |
|                             |   | 12   |   | Saarbrücken   |                                     |  |  |
|                             | FULL NAME OF INVENTOR   | FAMILY NAME  |   | FIRST GIVEN NAME  |                                     | SECOND GIVEN NAME  |  |
| 204                         | RESIDENCE &   | MATUSOV CITY Aachen POST OFFICE ADDRESS                                |   | STATE OR FOREIGN COU  | INTRY                               | COUNTRY OF CITIZENSHIP   |  |
| 204                         | CITIZENSHIP   |  |   | Germany   |                                     | Russia   |  |
|                             | POST OFFICE   |  |   | CITY  |                                     | STATE & ZIP CODE/COUNTRY   |  |
|                             | ADDRESS   | Bergstraße 21  |   | 52062 Aachen  |                                     | Germany  |  |
| true: a<br>impris<br>applic | and further that these<br>conment, or both, un-<br>cation or any patent i | e statements were made<br>der section 1001 if Title<br>ssuing thereon. | with the knowled<br>18 of the United s    | ge that willful false statements<br>tates Code, and that such willf   | and the like so<br>ul false stateme | nformation and belief are believed to be<br>made are punishable by fine or<br>nts may jeopardize the validity of the |  |
| SIGNATURE OF INVENTOR 201   |   | SIGNATURE O  | SIGNATURE OF INVENTOR 202 SIGN            |   | TURE OF INVENTOR 203                |  |  |
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| DATE DATE                   |   | DATE   | ( 2.000                                   | DATE  |                                     |  |  |
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| SIGN                        | ATURE OF INVENT   | UR 204   |   |   |                                     |  |  |
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|                             |   |  |   |   |                                     |  |  |
| DATE                        |   |  | 1   |   |                                     |  |  |

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

|   | Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number PHDE030396 US |   |                    |                                    |                     |  |  |
|---|---|---|--------------------|------------------------------------|---------------------|--|--|
| POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact |   |   |                    |                                    |                     |  |  |
| *ali bus  | iness in the Patent a   | and Trademark Office co                             | nnected therewith  | n. (List name and registration no  | umber)              | and a second sec |  |
|   | E. Haken, Reg.  |   |                    |                                    | Direct Telepho      |  |  |
|   | ael E. Marion, R  |   |                    |                                    | (914)332-0          | ephone number)<br>222  |  |
| Edwa  | FULL NAME OF  | Reg. No. 30,245                                     |                    | FIRST GIVEN NAME                   | (0.14)002 0         | SECOND GIVEN NAME  |  |
|   | INVENTOR  | PETERS  |                    | Jochen                             |                     | SECOND GIVEN NAME  |  |
| 201   | RESIDENCE &   | CITY  |                    | STATE OR FOREIGN COUNTRY           |                     | COUNTRY OF CITIZENSHIP   |  |
| 201   | CITIZENSHIP   | CITIZENSHIP Aachen                                  |                    | Germany                            |                     | Germany  |  |
|   | POST OFFICE   | POST OFFICE ADDR                                    | ESS                | CITY                               |                     | STATE & ZIP CODE/COUNTRY   |  |
|   | ADDRESS   | Altstraße 54  |                    | 52066 Aachen                       |                     | Germany  |  |
|   | FULL NAME OF INVENTOR   | FAMILY NAME   |                    | FIRST GIVEN NAME                   |                     | SECOND GIVEN NAME  |  |
|   |   | MEYER   |                    | Carsten                            |                     |  |  |
| 202   | RESIDENCE & CITIZENSHIP   | CITY<br>Aachen                                      |                    | STATE OR FOREIGN COUN              | ITRY                | COUNTRY OF CITIZENSHIP   |  |
|   | POST OFFICE   | POST OFFICE ADDR                                    | F 6 6              | Germany                            |                     | Germany STATE & ZIP CODE/COUNTRY   |  |
|   | ADDRESS   | Eckenberger \$                                      |                    | 52066 Aachen                       |                     | Germany  |  |
|   | FULL NAME OF NIVENTOR KLAKOW  |   | <del></del>        | FIRST GIVEN NAME                   |                     | SECOND GIVEN NAME  |  |
|   |   |   | Dietrich           |                                    |                     | OLOGINE ON LIVING  |  |
| 203   | RESIDENCE &   | CITY  |                    | STATE OR FOREIGN COUNTRY           |                     | COUNTRY OF CITIZENSHIP   |  |
|   | CITIZENSHIP   | Saarbrücken   |                    | Germany                            |                     | Germany  |  |
|   | POST OFFICE<br>ADDRESS  | POST OFFICE ADDRESS                                 |                    | CITY                               |                     | STATE & ZIP CODE/COUNTRY   |  |
|   | ADDRESS   | Franz-Schubert-Straße                               |                    | 66125 Saarbrücken                  |                     | Germany  |  |
|   |   | 12  |                    | Saarbrücken                        |                     |  |  |
|   | FULL NAME OF INVENTOR   | TOR MATUSOV DENCE & CITY                            |                    | FIRST GIVEN NAME                   |                     | SECOND GIVEN NAME  |  |
| 204   |   |   |                    | Evgeny STATE OR FOREIGN COUNTRY    |                     | COLINEDY OF OUTURENCHIE  |  |
| 204   | CITIZENSHIP   |   |                    | Germany                            |                     | COUNTRY OF CITIZENSHIP  Russia   |  |
|   | POST OFFICE   | POST OFFICE ADDR                                    | ESS                | CITY                               |                     | STATE & ZIP CODE/COUNTRY   |  |
| ADDRESS Bergstraße 21   |   |   | 52062 Aachen       |                                    | Germany             |  |  |
| true: a   | nd further that these   | statements were made<br>der section 1001 if Title 1 | with the knowledge | ge that willful false statements a | and the like so n   | formation and belief are believed to be<br>nade are punishable by fine or<br>ts may jeopardize the validity of the   |  |
| SIGNATURE OF INVENTOR 201   |   | SIGNATURE OF INVENTOR 202                           |                    | SIGNAT                             | URE OF INVENTOR 204 |  |  |
|   |   |   |                    |                                    |                     |  |  |
| DATE DATE   |   | DATE  | DATE               |                                    | E                   |  |  |
| SIGNATURE OF INVENTOR 203   |   |   | /                  |                                    |                     |  |  |
| 18  | . 11.04 4   |   |                    |                                    |                     |  |  |
| DATE  |   |   |                    |                                    |                     |  |  |

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

| _4 =   |                          |   |                                      |                                  |                     |  |  |
|--|--------------------------|---|--------------------------------------|----------------------------------|---------------------|--|--|
| Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)  Attorney Docket Number PHDE030396 US |                          |   |                                      |                                  |                     | _  |  |
| POW  | ER OF ATTORNE            | Y: As a named inventor  | , I hereby appoint                   | the following attorney(s) and/o  | r agent(s) to pro:  | secute this application and transact   |  |
| all bus  | iness in the Patent a    | and Trademark Office co   | nnected therewith                    | . (List name and registration no | umber)              |  |  |
| Jack   | E. Haken, Reg.           | No. 26 902  |                                      |                                  | Direct Telephor     |  |  |
|  | ael E. Marion, R         |   |                                      |                                  |                     | phone number)  |  |
|  | ard M. Blocker, F        | Reg. No. 30,245   |                                      | (914)332-02                      |                     |  |  |
|  | FULL NAME OF INVENTOR    | _   |                                      | FIRST GIVEN NAME                 |                     | SECOND GIVEN NAME  |  |
| 201  |                          | FLILING   |                                      | Jochen STATE OR FOREIGN COUN     |                     | COUNTRY OF CITIZENSHIP   |  |
| 201  | CITIZENSHIP              | CITY<br>Aachen  |                                      | Germany                          | 11171               | Germany  |  |
|  | POST OFFICE              | POST OFFICE ADDRI   | ESS                                  | CITY                             |                     | STATE & ZIP CODE/COUNTRY   |  |
|  | ADDRESS                  | Altstraße 54  |                                      | 52066 Aachen                     |                     | Germany  |  |
|  | FULL NAME OF             | FAMILY NAME   |                                      | FIRST GIVEN NAME                 |                     | SECOND GIVEN NAME  |  |
|  | INVENTOR                 | MEYER   |                                      | Carsten                          |                     |  |  |
| 202  | RESIDENCE & CITIZENSHIP  | CITY  |                                      | STATE OR FOREIGN COU             | NTRY                | COUNTRY OF CITIZENSHIP   |  |
|  | POST OFFICE              | Aachen POST OFFICE ADDR   | 200                                  | Germany                          |                     | Germany STATE & ZIP CODE/COUNTRY   |  |
|  | ADDRESS                  | Eckenberger \$  |                                      | 52066 Aachen                     |                     | Germany  |  |
|  | FULL NAME OF FAMILY NAME |   | FIRST GIVEN NAME                     |                                  |                     | SECOND GIVEN NAME  |  |
|  | INVENTOR                 | KLAKOW  |                                      | Dietrich                         |                     |  |  |
| 203  | RESIDENCE &              | CITY  |                                      | STATE OR FOREIGN COUNTRY         |                     | COUNTRY OF CITIZENSHIP   |  |
|  | CITIZENSHIP              | Saarbrücken   |                                      | Germany                          |                     | Germany  |  |
|  | POST OFFICE<br>ADDRESS   | POST OFFICE ADDRESS   |                                      | CITY                             |                     | STATE & ZIP CODE/COUNTRY   |  |
|  | AUDRESS                  | Franz-Schube  | rt-Straße                            | 66125 Saarbrücken                |                     | Germany  |  |
|  |                          | 12  |                                      | Saarbrücken                      |                     |  |  |
| FULL NAME OF INVENTOR  |                          | FAMILY NAME   |                                      | FIRST GIVEN NAME                 |                     | SECOND GIVEN NAME  |  |
| 204  | RESIDENCE &              | MATUSOV CITY Aachen POST OFFICE ADDRESS                                       |                                      | Evgeny<br>  STATE OR FOREIGN COU | NTDV                | COUNTRY OF CITIZENSHIP   |  |
| 204  | CITIZENSHIP              |   |                                      | Germany                          | NIK!                | Russia   |  |
|  | POST OFFICE              |   |                                      | CITY                             |                     | STATE & ZIP CODE/COUNTRY   |  |
|  | ADDRESS                  | Bergstraße 21   |                                      | 52062 Aachen                     |                     | Germany  |  |
| true: a  | ind further that these   | atements made herein o<br>e statements were made<br>der section 1001 if Title | f my own knowled<br>with the knowled | ge that willful false statements | and the like so m   | formation and belief are believed to be nade are punishable by fine or ts may jeopardize the validity of the |  |
| SIGNATURE OF INVENTOR 201 SIGN   |                          | SIGNATURE O   | F INVENTOR 202                       | SIGNAT                           | URE OF INVENTOR 203 |  |  |
|  |                          |   |                                      |                                  |                     |  |  |
|  |                          |   |                                      |                                  |                     |  |  |
| DATE DATE  |                          | DATE  |                                      |                                  |                     |  |  |
|  |                          | D. (1.0   |                                      | 3,                               |                     |  |  |
| SIGN   | ATURE OF INVENT          | OR 204  |                                      |                                  |                     |  |  |
| 19.1   | 9.2004                   | lawy  |                                      |                                  |                     |  |  |
| DATE   | v                        | 21  | 1                                    |                                  |                     |  |  |

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(July 1994)

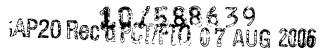
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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| 1 hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).  |                                  |             |  |                        |             |                    |           |                      |                        |
|--|----------------------------------|-------------|--|------------------------|-------------|--------------------|-----------|----------------------|------------------------|
| I hereby appoint:  |                                  |             |  |                        |             |                    |           |                      |                        |
| Practitioners associated with the Customer Number: 24737   |                                  |             |  |                        |             |                    |           |                      |                        |
| OR Pract   | titioner(s) name                 | ed below (  | if more than ten patent p  | practitioners :        | are to be r | named, then a cust | tomer nun | ı<br>nber must be us | ed):                   |
|  |                                  | Name        |  | Registration<br>Number | .7          | ٨                  | łame      |                      | Registration<br>Number |
| <u> </u>   |                                  |             |  |                        | 122         |                    |           |                      |                        |
| L  |                                  |             |  |                        |             |                    |           |                      |                        |
| <u> </u>   |                                  |             |  |                        | _翼_         |                    |           |                      | L                      |
| L_   |                                  |             |  |                        |             |                    |           |                      |                        |
|  |                                  |             |  |                        |             |                    |           |                      |                        |
| any and all  | patent applical                  | tions assig | nt the undersigned befo<br>ned <u>only</u> to the undersig<br>with 37 CFR 3.73(b). |                        |             |                    |           |                      |                        |
| Please cha   | nge the corres                   | pondence    | address for the applicat   | lon identified         | in the atta | iched statement u  | nder 37 C | FR 3.73(b) to:       |                        |
| -  |                                  |             |  |                        |             |                    | 7         |                      |                        |
| X T  | he address as:                   | sociated w  | ith Customer Number:   | 1                      | 2473        | 7                  |           |                      |                        |
| OR   | — The address about the Trained. |             |  |                        |             |                    |           |                      |                        |
| Firm or Individual Name  |                                  |             |  |                        |             |                    |           |                      |                        |
| Address  |                                  |             |  |                        |             |                    |           |                      |                        |
| City State Zip   |                                  |             |  | Zip                    |             |                    |           |                      |                        |
|  |                                  |             |  |                        |             |                    |           |                      |                        |
| Country  |                                  |             | ·  |                        |             | , . <u></u>        |           |                      |                        |
| Telephone  | •                                |             |  |                        |             | Fax                |           |                      |                        |
| Assissas Nama and Address:   |                                  |             |  |                        |             |                    |           |                      |                        |
| Assignee Name and Address:   |                                  |             |  |                        |             |                    |           |                      |                        |
| KONINKLIJKE PHILIPS ELECTRONICS N.V.   |                                  |             |  |                        |             |                    |           |                      |                        |
| Groenewoudseweg l 5621 BA Eindhoven, The Netherlands   |                                  |             |  |                        |             |                    |           |                      |                        |
|  |                                  |             |  |                        |             |                    |           |                      |                        |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of |                                  |             |  |                        |             |                    |           |                      |                        |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,   |                                  |             |  |                        |             |                    |           |                      |                        |
| and must identify the application in which this Power of Attorney is to be filed.  |                                  |             |  |                        |             |                    |           |                      |                        |
| SIGNATURE of Assignee of Record  The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee   |                                  |             |  |                        |             |                    |           |                      |                        |
| Signature  | / HIL                            | Ma          | SE.M.  | un                     |             |                    | Date 1    | 4 Janua:             | ry 2005                |
| Name   | Michae                           | 1 E.        | Marion   | <del></del>            |             |                    | Telepho   | ne (914)             | 333-9637               |
| Title  | Author                           | ized        | Representat  | ive                    |             |                    |           |                      |                        |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including galhering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chibi Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/96 (08-03)

Approved for use through 07/31/2006, OMB 0651-0031

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| STATEMENT UNDER 37 CFR 3.73(b)  |   |  |  |  |
|---|---|--|--|--|
| Applicant/Patent Owner: Koninklijke Philips Electronics N.V.  |   |  |  |  |
| Application No./Patent No.:File   | ed/Issue Date: Concurrently   |  |  |  |
| Entitled: TEXT SEGMENTATION AND TOPIC ANNOTATION  | N FOR DOCUMENT STRUCTURING  |  |  |  |
| Koninklijke Philips Electronics N.V. , a (Name of Assignee)   | corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)           |  |  |  |
| states that it is:  1.  the assignee of the entire right, title, and interest; o  | r   |  |  |  |
| 2.   an assignee of less than the entire right, title and in The extent (by percentage) of its ownership interes in the patent application/patent identified above by virtue                                      | t is ———— %   |  |  |  |
| A. [/] An assignment from the inventor(s) of the patent a in the United States Patent and Trademark Office a attached.  | pplication/patent identified above. The assignment was recorded t Reel, Frame, or for which a copy thereof is |  |  |  |
| OR  |   |  |  |  |
| B. [ ] A chain of title from the inventor(s), of the patent ap below:   | plication/patent identified above, to the current assignee as shown   |  |  |  |
| The document was recorded in the United S   | To: ————————————————————————————————————  |  |  |  |
| 2. From:  | То:   |  |  |  |
| The document was recorded in the United S Reel, Frame   | tates Patent and Trademark Office at, or for which a copy thereof is attached.                                |  |  |  |
| 3. From:  | То:   |  |  |  |
| The document was recorded in the United S Reel, Frame   | tates Patent and Trademark Office at, or for which a copy thereof is attached.                                |  |  |  |
| [ ] Additional documents in the chain of title are  | e listed on a supplemental sheet.   |  |  |  |
| [ ] Copies of assignments or other documents in the cha [NOTE: A separate copy (i.e., the original assignmen must be submitted to Assignment Division in accordarecorded in the records of the USPTO. See MPEP 30 | t document or a true copy of the original document) nce with 37 CFR Part 3, if the assignment is to be        |  |  |  |
| The undersigned (whose title is supplied below) is authori  | ized to act on behalf of the assignee.  |  |  |  |
| <u> </u>  | AARON WAXLER, REG. 48,027   |  |  |  |
| Date /<br>(914) 333-9608  | Typed or printed name   |  |  |  |
| Telephone number  | Signature   |  |  |  |
|   | Sr. Intellectual Property Counsel   |  |  |  |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.